

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90001 040 ***550.00

DOCUMENT # P00000090850

1. Entity Name
DG INTELLIGENT SYSTEMS, INC.



Principal Place of Business
**1352 SANIBEL LANE
MERRITT ISLAND, FL 32952**

Mailing Address
**1352 SANIBEL LANE
MERRITT ISLAND, FL 32952**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3675816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GESCHKE, MARK
1352 SANIBEL LANE
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PM GESCHKE, MARK 1352 SANIBEL LANE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHEFFLETTE, CHARLES 43253 STONEWALL POND ST SOUTH RIDING, VA 20152 <i>3121 Blue Heron Dr. S. Chesapeake Beach, MD 20732</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHEFFLETTE, M LORRAINE 43253 STONEWALL POND ST SOUTH RIDING, VA 20152 <i>3121 Blue Heron Dr. S. Chesapeake Beach, MD</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GESCHKE, DENISE 1352 SANIBEL LANE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #